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## BIB DATA SHEET

CONFIRMATION NO. 6354

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/552,130	10/05/2005 RULE	128	3771	41052/321146

**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/EP04/04261 04/05/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 FRANCE 03/04503 04/10/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 05/31/2006

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
Verified and Acknowledged	/CHRISTOPHER JAMES BLIZZARD/ Examiner's Signature	Initials	FRANCE	3	10	3

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**TITLE**  
 Protective shield, and protective equipment including such a shield and a storage box

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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